

ATTEND THE EPC 2016 EUTHANASIA SYMPOSIUM

The EPC 2016 Euthanasia Symposium is Saturday October 29, 2016 at the [Best Western PLUS Waterfront Hotel](#) (277 Riverside Drive West in Windsor, Ontario, easy access to the Detroit airport). Book your room for \$139/night by calling 1-877-973-7829 or 519-973-5555.

The Symposium runs from 9am-5pm, followed by a dinner at 6pm to honour Jean Echlin, our President.

Symposium registration is \$50 (includes lunch). The cost to attend the dinner is \$50. To attend both the Symposium and dinner, it is \$90.

You can register by contacting the EPC office: call 1-877-439-3348 or e-mail: info@epcc.ca.

The honorary dinner is in the Da Vinci room at the [Giovanni Caboto Club](#) (2175 Parent Ave in Windsor, Ontario). Jean Echlin is a past director of

The Hospice of Windsor, a winner of the Dorothy Ley Award (excellence in palliative care) and founding VP of EPC.

Speakers at the Symposium include Catherine Glenn Foster, Director/Lawyer, EPC USA, who will be speaking on assisted suicide developments in America, Nancy Elliott, Chair, EPC USA, Kevin Dunn, Executive Producer/President, DunnMedia, speaking on *The Euthanasia Deception*: building a social movement, Diane Coleman, President, Not Dead Yet, on the response from disability rights groups world-wide, Amy Hasbrouck, founder of Toujours Vivant–Not Dead Yet, will speak on Canada's law, Dr. Kathy Pfaff, Faculty of Nursing, University of Windsor, on ethics and conscience rights, and Alex Schadenberg, Executive Director, EPC on resisting euthanasia and compassionate care.

THE EUTHANASIA DECEPTION: SHARE IT WITH OTHERS

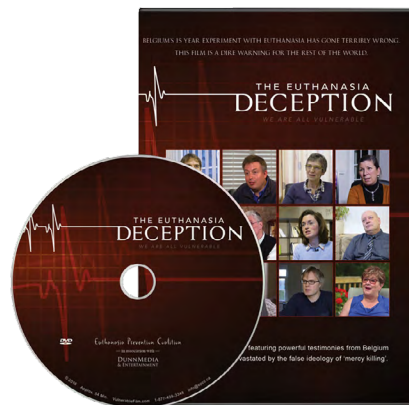
EPC, in association with DunnMedia is pleased to announce the international release of *The Euthanasia Deception* documentary complete with interactive website and resource materials at www.CaringNotKilling.com.

Purchase the documentary by calling or e-mailing us: 1-877-439-3348 or info@epcc.ca. Pricing is as follows: \$30 for one DVD, \$100 for four DVDs or \$200 for ten DVDs.

This fifty-four minute documentary features powerful testimonies from Belgium and Canada, exposing three main **deceptions** used by the assisted dying lobby:

1. Euthanasia and assisted suicide are a form of compassion or mercy.
2. Euthanasia and assisted suicide are a form of autonomy.
3. Safeguards can protect the vulnerable.

Testimonies include: Professor Tom Mortier, a Belgian man whose depressed mother died by euthanasia,



Hendrik Reitsma, whose granddad died an assisted death without request in the Netherlands, Dr. Catherine Dopchie, a Belgian palliative care physician, Dr. Benoit Beuselinck, a Belgian oncologist and palliative care physician, Carine Brochier, coordinator of the European Institute of Bioethics, Professor Etienne Montero, Dean of the Faculty of Law at the University of Namur in Belgium, Kristina Hodgetts, a nurse who speaks about her experience

with assisted death in Canada, Lionel Rosemont, a Belgian man whose daughter lives with significant disabilities, Amy Hasbrouck, a lawyer and disability rights leader in Québec, Mark Pickup, a disability rights activist in Alberta, Steve Passmore, a disability rights activist in Ontario, and Alex Schadenberg, EPC International Chair.

We are all vulnerable at different times in our lives. This documentary is a dire warning for Canada and the rest of the world.

THE TERM IS ASSISTED SUICIDE, NOT “MEDICAL AID IN DYING”

By Alex Schadenberg

The Colorado Secretary of State recently confirmed that enough signatures were collected for an assisted suicide question to be on the election ballot in November.

The assisted suicide lobby is urging the media to replace the term assisted suicide with, “medical aid in dying.”

The term is assisted suicide. Assisted suicide is understood by the public and it is used by institutions such as the American Medical Association which states in its policy on Physician-Assisted Suicide that:

Physician-Assisted Suicide is fundamentally incompatible with the physician’s role as healer, would be difficult or impossible to control, and would pose serious societal risks.

Brandon Rittiman from 9NEWS published a clear explanatory report entitled, “[Why 9NEWS uses the words assisted ‘suicide’](#).” Rittiman states:

Supporters of that law asked 9NEWS not to refer to it assisted “suicide.” They’d rather we call it “medical aid in dying.”

What follows is our explanation of why we are not going to grant that request:

First off, 9NEWS has no position on this ballot question. Nor do we take the issue lightly.

We have a duty to tell you about it in simple, direct language. That’s why we’re not going to stop using the word “suicide.”

Supporters of the measure argue the word “suicide” is too friendly to the opposition because it may make you think of someone who ends their life for no good reason.

In contrast, the proposed law does require a reason: you’d need to be diagnosed with a terminal illness to get a life-ending prescription.

But in plain English, that’s still “suicide.”

Merriam-Webster defines suicide as, “The act or an instance of taking one’s own life voluntarily and intentionally especially by a person of years of discretion and of sound mind.”

The Oxford Dictionary puts it more simply, “The action of killing oneself intentionally.”

Dictionary.com goes with, “The intentional taking of one’s own life.”

All three definitions have something in common: they don’t depend in any way on the reason a person chooses to end their life, just that they do so on purpose.

Supporters of this proposal want to change the dictionary definition of suicide. They might succeed one day.

Changes in the law can end up changing our language. But it’s not our job in the news business to change the dictionary.

It’s our job to use plain language that’s current and accurate—and that’s what we’ll keep doing.

The New Mexico Supreme Court [recently decided that “aid in dying” is assisted suicide](#), in a case where they decided that there is no right to assisted suicide in New Mexico.



ASSISTED SUICIDE WILL BE ON THE COLORADO BALLOT IN NOVEMBER

A group composed of disability rights leaders, medical professionals, and other leaders have established [Coloradans Against Assisted Suicide \(CAAS\)](#) to organize an effective opposition.

The Euthanasia Prevention Coalition encourages you to support CAAS by going to their website, [NoAssistedSuicideCO.org](#) and helping to spread the message opposing assisted suicide.

CAAS will also need donations to run an effective campaign.

You may know people in Colorado who are unsure about the issue of assisted suicide. Contact and kindly urge them to vote NO assisted suicide.

Colorado politicians were convinced to [reject assisted suicide](#). Now Colorado citizens will need to be convinced to do the same.

WILL ONTARIO'S NEW DRUG POLICY DRIVE PEOPLE TO EUTHANASIA?

On June 17, the Canadian government legalized euthanasia. Since only a minority of Canadians have access to effective pain and symptom management, will legalizing euthanasia drive people to a state sanctioned death rather than receiving proper care? During the Bill C-14 debate the government was urged to increase access to palliative care.

In August, the Ontario government announced that on January 1, 2017 it will stop covering the cost of certain high-dose pain killing drugs.

According to a [CBC News report](#):

Ontario will stop paying for higher-strength opioid medications through its Ontario Drug Benefit (ODB) program next January as part of its strategy to address the growing problem of addiction to the painkillers.

To help fight what it calls the “growing problem of opioid addiction in Ontario,” the province’s Ministry of Health and Long-Term Care announced last week that it would stop paying for the following higher-strength long-acting opioids from its ODB drug formulary as of January 2017:

- *Morphine, 200 mg tablets*
- *Hydromorphone, 24 mg and 30 mg capsules*
- *Fentanyl, 75 mcg/hr and 100 mcg/hr patches*

The province will also delist 50 mg tablets of Meperidine, also known as Demerol.

There is a real concern with opioid addiction, according to the report:

Deaths linked to opioid use in Canada have soared in recent years.

A 2014 study found that opioids were related to one in eight deaths among young people in Ontario.

Rates of opioid-related death in the province increased by 242 per cent between 1991 and 2010, rising from 12.2 deaths per million in 1991 (127 deaths annually) to 41.6 deaths per million in 2010 (550 deaths annually).

Opioid overdose is a serious health problem, but people with chronic pain management issues and the terminally ill who live with painful symptoms require effective pain control.

With legal euthanasia, not providing effective pain control may cause some people to seek death by lethal injection.

Palliative care expert, Dr. Darren Cargill, expressed concern for his patients in his [letter in the Windsor Star](#).



Cargill argues that the Ontario government did not communicate with frontline caregivers when they made this decision:

In their zeal to curb drug abuse, the government has acted rashly and without the proper input from frontline healthcare providers.

Palliative care patients rely on many of the medications removed from this formulary every day to manage their pain from cancer and other serious medical conditions.

Barriers already exist for patients trying to access high-quality pain management in Ontario, and this move by the government will further hurt patients. These barriers include the Palliative Care Facilitated Access (PCFA) program which requires updating and alterations to return the program to its intended purpose: to improve patient access to palliative care medications.

No one will argue that more needs to be done to prevent prescription drugs from getting into the hands of children and those who would abuse these drugs as a result of an addiction disorder.

However, unilaterally removing these drugs without considering the unintended consequences is irresponsible.

[An article in The Huffington Post](#) suggests that many drug overdose deaths are from illegal drugs that are produced in China and Mexico. The article states:

The Drug Enforcement Agency in the U.S. also points out that the increase in fentanyl deaths is largely the result of [clandestinely produced supplies](#) rather than legal prescriptions having been diverted. The illegal fentanyl is mostly manufactured in China and Mexico.

The article quotes from doctors to explain why the Ontario government drug policy will not work:

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...WILL from page 3

Dr. Chris Giorshev of Barrie wrote that, “There is no evidence that the recent measures will do anything meaningful other than torture legitimate pain/palliative patients” and, “most of the problems arise from the illegal fentanyl coming from China—not from the patches prescribed by us. And the smaller strength pills are actually easier to move on the streets—so reducing the pill size will have no effect.”

Dr. Geoffrey Purdell-Lewis of Burlington, Ontario said that, “Not every patient prescribed opioids gets addicted” and that, “Some patients appear to need more than a morphine equivalent dosage of 200mg per day and these patients can do well on somewhat bigger doses, especially with careful and strict monitoring and support. Much more thought is needed before the ‘200mg portcullis’ is brought down.”

Whether or not the Ontario government’s drug policy will deter drug addiction, it will limit palliative and chronic care specialists from providing effective pain control and it may drive some people to seek death by lethal injection now that euthanasia has been legalized.

ASSISTED SUICIDE DEATHS INCREASE BY 31.7% IN WASHINGTON STATE

The *Washington State Department of Health 2015 Death with Dignity Act Report* states that assisted suicide was up by 31.7% to 166 in 2015 from 126 in 2014 with a 22% increase in lethal prescription from 2014 to 213.

Out of the 213 lethal prescriptions in 2015 there were 166 reported assisted suicide deaths, 24 deaths from other causes, 12 deaths where the “ingestion status” was unknown and 11 people remained alive.

Dangerously, when the ingestion status is unknown, then the status of the lethal drugs is also unknown.

A greater number of illnesses are leading to assisted suicide. The assisted suicide report states that deaths from other illnesses increased to 10 from 6 in 2014. The report did not list what other illnesses were represented but in Oregon other illnesses includes diabetes.

Several years ago, Wes Olfert was pressured to die by assisted suicide in Washington State after inquiring about it.

Legalizing assisted suicide creates new pressures upon people who are terminally or chronically ill and is a recipe for elder abuse.



THREE-QUARTERS OF SUBMISSIONS OPPOSE ASSISTED SUICIDE IN NEW ZEALAND

Media Release—August 12, 2016

Euthanasia-Free NZ welcomes an [analysis](#) finding that 78% of submitters are opposed to legalising assisted suicide and voluntary euthanasia.

In an unprecedented number of unique submissions, more than three-quarters indicated that they don’t think changing the law is the solution to suffering.

“It’s premature and defeatist to suggest that state-sanctioned suicide is the best the government can offer to address the suffering that some New Zealanders experience,” says Renée Joubert, Executive Officer of Euthanasia-Free NZ. “The causes of suffering are complex and a range of possible solutions need to be examined, including better accessibility to existing physical and psychological care options.”

“The legalisation of assisted suicide and euthanasia would affect society as a whole, including people who would prefer to die of natural causes. Emotionally vulnerable people could easily feel pressured to request death, making legal assisted suicide the ultimate vehicle for elder and relationship abuse.”

Euthanasia-Free NZ supports the call for David Seymour to withdraw his untimely [End of Life Choice Bill](#) from the ballot and allow the current [Health Select Committee investigation](#) to run its course.



THANK-YOU!

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our Air Miles collectors!

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